

URBAN SCHOLARS PROGRAM



Middle School Component Admission Application

*100 Morrissey Boulevard
University of Massachusetts Boston
Boston, MA 02125-3393
Phone: (617) 287-5830
Fax: (617) 287-5818
www.urbanscholars.umb.edu/
"Success Begins With US"*

APPLICATION INSTRUCTIONS

The enclosed materials should provide the information you need to complete your application to Urban Scholars. We want you to be successful in this process and welcome you to call the office if we can help you during this recruitment period. We can be reached by phone at (617) 287-5830 or by fax at (617) 287-5818. The following information will assist you.

- ❑ You will first need to attend an Information Session held at your school. During this time you will be given a brief explanation of Urban Scholars and application materials. This is the perfect time to ask questions about the program.
- ❑ You will be asked to fill out an Applicant Response Form during the Informational Session. This form gives Urban Scholars basic information about you like your grade and school ID number.
- ❑ This application will need to be COMPLETELY filled out by you and returned to the Urban Scholars office by the deadline. Only applications that are filled out COMPLETELY will be given consideration for admission. Please be sure to print neatly. Also be sure to provide accurate, up-to-date information.
- ❑ You must submit two letters of recommendation from middle school teachers who know you well. Two blank letters of recommendation have been provided for you in this application packet. These letters need to be handed in with your application.
- ❑ Request a copy of your middle school transcript from your guidance office.
- ❑ We ask that your parent/legal guardian submit copies of their latest Tax Return statement (1040, 1040A, 1040EZ) as well as filling out the information on pages 8-9.
- ❑ When the entire application packet is complete, you can drop it off with your guidance counselor or bring it to us at UMass Boston.
- ❑ The final step in the application process for Urban Scholars is an interview. When we receive your completed application we will select a day to conduct an interview with you.

Note: Applicants need to have a valid Alien Registration Card or be a citizen of the United States.

APPLICATION FORM

The information in this application form is necessary for Urban Scholars to consider your application and will be treated in a confidential manner.

In order to be considered for the Urban Scholars Program you must submit the following information along with this application:

- Two letters of recommendation from your middle school teachers
- Income Verification Form and documentation (Forms 1040, 1040A, 1040EZ)
- Your middle school transcript and enclosed Transcript Release Form
- If born outside the United States, a copy of your Alien Registration Card
- A copy of your Social Security Card

PERSONAL INFORMATION (Parent/Guardian/Student)

Name of Student _____

Address _____
and Street Apt. # City State Zip

Email _____ Student's Soc. Security # _____
(Please provide a copy of your Social Security Card.)

Phone Number _____ Cell Number _____

Student's Date of Birth _____ City/town of birth _____

Country of birth _____

Citizen of _____ Language Spoken at Home _____

If not a U.S. Citizen, Alien Registration # _____

You must provide a copy of your ***Alien Registration Card***. (Please note that your acceptance to the Urban Scholars Program is pending your status in the United States).

Are you currently on an Individualized Education Plan for a Learning Disability? Yes _____ No _____

Do you qualify for free lunch at your school? Yes _____ No _____

Did either parent graduate from a four year college in the U.S.? Yes _____ No _____

If yes, what school did they attend? _____

FAMILY INFORMATION (Parent/Guardian/Student)

Father's Name _____

Address _____

Occupation _____

Mother's Name _____

Address _____

Occupation _____

Are your parents divorced? _____ Separated? _____ Never married? _____ Other? _____

With whom do you live? _____

If you do not live with either of your birth parents, with whom do you live? Please indicate both the name and address of the person(s) with whom you live.

Name _____ Address _____

Relation to you _____

Occupation _____

List below the name and address of someone OTHER than your parent or guardian whom we can call in case of an emergency when no one is at your home:

Name

Relationship to you
(relative, friend, neighbor, etc.)

Telephone

EDUCATIONAL STATUS (Student)

Name of Middle School _____

Present Year (check) Sixth _____ Seventh _____ Eighth _____

List schools attended, dates of attendance, and reason for leaving or transferring.

Middle Schools

Dates Attended

Why Left

Elementary Schools

Dates Attended

Why Left

Honors and Awards: Please describe any honors or awards (scholastic and others) you have achieved during your middle school years.

_____ Date _____

_____ Date _____

_____ Date _____

ACCOMPLISHMENTS (Student)

Extracurricular Activities: please list your principal extracurricular activities in their order of importance to you. Please include leadership positions, volunteer activities undertaken, sports or musical instruments played, and any other significant accomplishments. Place a check in the appropriate box to indicate the year(s) of involvement. Please attach a separate sheet of paper if necessary.

Activity	6 th	7 th	8 th	Hours per week	Position held

What things do you think will interfere with you being able to complete the program? (Circle all that apply).

1. Chores and responsibilities at home
2. I will miss my friends
3. Activities like sports, dance team, school committee, etc.
4. Church activities
5. I get bored easily
6. I get sick often
7. Family vacations
8. Other (Please write in your response _____)
9. I don't see any problems that would keep me from completing the program

INCOME VERIFICATION (Parent/Guardian)

- **Parent/Guardian:** Please read the following instructions and fill out the appropriate information below.

Urban Scholars receives financial support from a number of different sources. This diversity in funding sources has insured the survival of the program despite difficult economic times. Several of these sources require that we collect income information on our students. Please be assured that the information you submit will remain confidential and will not affect your child's application status.

Specifically, we must ask that you submit to us a copy of your most recent federal income tax return, Form 1040, 1040A, or 1040EZ. If you do not file a tax return, please provide verification of your income from a source of public assistance. In providing this information, please complete the questions on the next page.

Please note if we do not receive your income information along with the appropriate documentation with your child's completed application, we will be unable to process his/her application.

If you have any questions, or need additional information, please contact the Director at (617) 287-5830.

Please complete the questions on the following page and attach the appropriate documentation to this application.

(Continued on next page)

FILERS (Parent/Guardian)

Please place a check by the appropriate form submitted and indicate the amount.

_____ Form 1040	Adjusted Gross Income _____
_____ Form 1040A	Adjusted Gross Income _____
_____ Form 1040EZ	Adjusted Gross Income _____

NON-FILERS (Parent/Guardian)

I hereby certify that I/we did not file a Federal Tax Return because (check all that applies to you):

_____ I did not work during the past year.
_____ I worked, but did not file a Federal Tax Return. I earned \$ _____.
_____ I earned \$ _____ in interest/dividend income.
_____ I earned \$ _____ from all other sources. Please indicate those sources below:

_____ I received non-taxable income from:

a. Social Security Benefits	Amount \$ _____
b. AFDC or ADC	Amount \$ _____
c. Child Support for all Children	Amount \$ _____

I swear and affirm that the above information is true and correct to the best of my knowledge.

_____ Parent/Guardian Signature _____ Date

IMPORTANT Number of Family Members: _____

Parent/Guardian:
Please attach a copy of your Form 1040,
1040A, 1040EZ, or other appropriate income documentation.

TRANSCRIPT RELEASE (Parent/Guardian/Student)

- **Parent/Guardian and students:** please read the following instructions and fill out the appropriate information on the following page.

As part of its continuing commitment to public urban education, the University of Massachusetts Boston initiated the Urban Scholars Program in the summer of 1983. The Urban Scholars Program seeks to identify and recruit talented and gifted urban students from the Dorchester Education Complex, Jeremiah E. Burke and South Boston Education Complex, along with six middle schools (Cleveland, Gavin, Lewenberg, McCormack, Rogers, and Wilson). Once selected, the program seeks to help students develop the academic skills and motivation necessary for achievement at the limits of their potential.

The Program offers comprehensive year-round academic courses and activities at the University's campus. In addition, individualized college advising and career awareness activities are provided, specially designed to ease the student's transition from secondary school to higher education. To ensure that economic problems do not prevent Urban Scholars from participating in the program, enrolled students receive a weekly stipend.

To support the program's activities, Urban Scholars receives financial assistance from a number of different sources. This diversity in funding sources has insured the survival of the program despite difficult economic times.

To continue to receive funding from these sources, as well as to develop new funding sources, we must be able to document the success of our students. This means that we have to document the academic progress of students enrolled in the program. We also have to compare the progress of enrolled students to similar students not in the program. The best way to do this is to look at the progress of students who apply but are not accepted.

As a result all students who apply to our program are required to complete the attached release form. In completing this release form, you are allowing Urban Scholars to obtain copies of your child's cumulative academic records throughout their tenure in high school regardless of whether or not they are accepted into the program. All information collected will be kept confidential and will only be used to report on students as a group. Information on an individual student's progress will not be reported.

If you have any questions concerning this policy or you need additional information, please do not hesitate to contact the Director at (617) 287-5830.

(Continued on next page)

PLEASE READ THE FOLLOWING SPECIAL RELEASE CAREFULLY AND SIGN IN THE APPROPRIATE PLACES

Student's name: _____ **Parent/Guardian name:** _____

Please note that any application returned without this completed release will not be processed.

Parent/Guardian Permission

I hereby give the Urban Scholars Program at the University of Massachusetts Boston permission to receive a copy of my son/daughter's cumulative academic records.

Furthermore, I agree to permit the Urban Scholars Program at the University of Massachusetts Boston to continue to obtain a copy of my child's cumulative academic record throughout his/her tenure in middle school regardless of whether or not he/she is accepted to participate in the program. In signing this release, I understand that all information collected will be kept confidential and will only be used to report on students as a group. Information on an individual student's progress will not be reported.

Signature of Parent/Guardian

Date

Student Permission

I, the undersigned, also give the Urban Scholars Program at the University of Massachusetts Boston permission to receive copies of my cumulative academic record.

Furthermore, I agree to permit the Urban Scholars Program at the University of Massachusetts Boston to continue to obtain a copy of my cumulative academic record throughout my tenure in middle school regardless of whether or not I am accepted to participate in the program. In signing this release, I understand that all information collected will be kept confidential and will only be used to report on students as a group. Information on an individual student's progress will not be reported.

Signature of Applicant

Date

MEDICAL RELEASE FORM (Parent/Guardian/Student)

Please fill out the form below with the help of your parent legal guardian. This form is valid until you are no longer a member of the program.

I, _____, as parent or legal guardian of
(Parent or Legal Guardian)

_____ and I, _____,
(Student) (Student)

hereby on behalf of myself and my heirs, assignees, etc., release any and all claims against and hold harmless the University of Massachusetts Boston for any and all personal injury, property damage or any other claims of whatever nature and however incurred arising from the transportation to and from any participation by us in the activities of the UMass Boston Urban Scholars Program.

I, _____, as parent or legal guardian further give my
(Parent or Legal Guardian)

permission for the UMass Boston Urban Scholars Program Director or any appropriately designated staff person to obtain for my child _____,
(Student)

any medical or other emergency services that in his/her judgment seem appropriate.

(Date)

(Parent or Legal Guardian)

PLEASE FILL OUT THE APPROPRIATE INFORMATION BELOW:

Name of student _____

Address _____

Parent/Guardian telephone numbers: Home _____

Work _____

Cell _____

If parent/guardian is not available, call _____ Phone Number _____

(Continued on next page)

Student's birth date _____

Allergies _____

Diseases - special conditions _____

Allergic to any medication? _____

Is student taking any medication? _____

What are the instructions for the medicine? _____

Medical insurance company? _____

Policy number _____

Any medical cards? _____

Number of card _____

Family doctor's name _____ Phone number _____

Are the student's records at a Boston hospital? Which hospital? _____

Phone number _____

***PLEASE READ THE FOLLOWING RELEASES CAREFULLY
AND SIGN***

I hereby give my permission for my son/daughter to participate in all the activities of the Urban Scholars Program at the University of Massachusetts at Boston from the date of his/her acceptance throughout his/her involvement with the program, and I hereby certify that the statements on this form are true to the best of my knowledge and belief. We further agree to support the administrative rules of the Urban Scholars Program and to cooperate with the staff to our fullest extent.

I also give the Urban Scholars Program at the University of Massachusetts Boston permission to receive a copy of my son's/daughter's cumulative academic records.

Date

Signature of Parent/Guardian

I, the undersigned, also give the Urban Scholars Program at the University of Massachusetts Boston permission to receive copies of my cumulative academic record.

Date

Signature of Applicant

Picture Release

I hereby give permission for my photograph to be taken in connection with the activities of the Urban Scholars Program at the University of Massachusetts Boston and to be used by it or its agencies in newspaper and magazine articles, the program's web page, or on television and other presentations concerning the program.

Date

Signature of Applicant

Please return the completed and signed application to:

**URBAN SCHOLARS PROGRAM
M-3-008/009
UNIVERSITY OF MASSACHUSETTS BOSTON
100 MORRISSEY BLVD.
BOSTON, MA 02125-3393
TELEPHONE (617) 287-5830
FAX (617) 287-5818**

APPLICANT'S CHECKLIST

The Urban Scholars Application has many things to remember. Review this list to make sure you have completed the tasks necessary to keep the process moving.

Yes, I have:

- ❑ Completed, signed and submitted all necessary pages of the Urban Scholars Application.
- ❑ My parent/guardian has read and signed the Income Verification and Transcript Release Forms contained in this application.
- ❑ I have copies of my parent's/guardian's most recent Tax Return enclosed in this application packet.
- ❑ My parent/guardian has read and signed the release allowing me to participate in the Urban Scholars Program.
- ❑ My parent/guardian has read and filled out the entire Medical Release Form.
- ❑ I have asked my guidance office for a copy of my transcript and I have attached it with this application.
- ❑ I have submitted copies of my Alien Registration card, along with my Social Security card.
- ❑ I have asked two teachers to write recommendations for me and have submitted them with my application.

*CALL THE URBAN SCHOLARS OFFICE (617-287-5830) OR EMAIL or
Chris.Kelly@umb.edu IF YOU HAVE ANY QUESTIONS.*

FOR OFFICE USE ONLY

Date of Recruitment: _____

School I.D.: _____

YOG: _____

Initial Rating: _____

Final Rating: _____

Writing Sample: _____

Current GPA at entry: _____

GPA at Entry: _____

Fall Accept: _____

Winter Accept: _____

Spring Accept: _____

Summer Accept: _____

Deny: _____

Waitlist: _____

Date of Entry: _____